PTO/SB/82 (01-06)

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I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR  ✓ I hereby appoint the practitioners associated with the Customer Number:  47545							7545	
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  47545  OR								
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature								
Name	RICHARD A.	ARD A. MARGULIES						
Date	MARCH 29, 2	2006		Te	elephone	203-921-28	14	7.07
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
*Total offorms are submitted.								

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	TO DEMANDED	STATEMENT UNDE	ER 37 CFR 3.73(b)	
Applicant/F	Patent Owner: <u>CONAIR CORPC</u>	DRATION		
Application	No./Patent No./Control No.:	10/633328	_ Filed/Issue Date: <u>AUGUST 1, 2</u>	003
Entitled: N	IAIL CARE SYSTEM			
CONAIR			a CORPORATION	
_1_1_	(Name of Assignee)	(	Type of Assignee: corporation, partnership	o, university, government agency, etc.)
states that  1.  the	nt is: assignee of the entire right, title	e, and interest; or		
	ssignee of less than the entire extent (by percentage) of its		%)	
in the pate	nt application/patent identified	above by virtue of eithe	r:	
in the	ssignment from the inventor(s) e United States Patent and Tra nal assignment is attached.	of the patent application of the patent of t	n/patent identified above. The as 015614, Frame 0265	ssignment was recorded , or a true copy of the
<b>OR</b> B. ☐ A ch	nain of title from the inventor(s)	, of the patent application	on/patent identified above, to the	current assignee as follows:
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	The document was recorde	d in the United States P	atent and Trademark Office at	
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assignee [NOTE	was, or concurrently is being E: A separate copy (i.e., a true	g, submitted for record copy of the original ass	ce of the chain of title from the dation pursuant to 37 CFR 3.11 ignment document(s)) must be s e assignment in the records of th	ubmitted to Assignment
The under	signed (whose title is supplied	below) is authorized to	act on behalf of the assignee.	
	Richard A. Ma	renles	·	MARCH 29, 2006
	Sig	nature		Date
	RICHARD	A. MARGULIES		203-921-2844
		Typed Name		Telephone Number
		ND GENERAL COUNSEL		

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